L08000043858

(Requestors	s Name)
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(City/State/Z	Zip/Phone #)
PICK-UP V	VAIT MAÎL
(Business E	ntity Name)
(Document	Number)
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800128286558



B. KOHR

MAY **2** 2008

EXAMINER





ON SERVICE COMPANY.					
	ACCOUNT NO.	:	072100000	032	_
	REFERENCE	:	553495	7647009	of second
	AUTHORIZATION	6	well so	المرابع ويم الحرابية	C. 00
	COST LIMIT	: 7	\$ 25.00	na P	
ORDER DATE :	May 1, 2008				P. S. C.
ORDER TIME :	11:21 AM				TO TO
ORDER NO. :	553495-001				Br.
CUSTOMER NO:	7647009				
	CHANGE OF A	GENT	-		
NAME :	KNOOP CONSULT	'ING,	LLC		
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FIL	ING:	
XX PLAIN	STAMPED COPY				
· CONTACT PERSON	N: Troy Todd	EXT‡			
			EXAMINER:		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	KNOOP C	ONSULTING, LLC				
2. The mailing address of	the limited liability con	mpany is :					
1214 Savannah Landi	ngs, Valrico, FL 33:	596					
May 1, 2008		I	L08000043858				
3. Date of filing/registration in Florida		$\bar{4}$	4. Document number				
5. The name of the registe Florida Department of S	State:		ldress as shown on the records of the				
	Corporation		mpany				
	1201	Name Hays Street					
		Address	17 St 84				
		see, FL 323					
	• *	State and Zip					
6. The name and address of	of the new registered ag	ent and/or off	ice:				
	Henry E. Knoop						
	1201 Hays Street Address Tallahassee, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: Henry E. Knoop Name 1214 Savannah Landings						
	Florida street address (P.O. Box NOT acceptable)						
	Valrico	FL	33596				
		ate and Zip					
confirmed that after the chand the business office of liability company, it is her	lange or changes are ma the registered agent will be confirmed that the	ade, the Floric Il be identical change(s) wa	s of the State of Florida, it is hereby da street address of the registered office . Or, in the case of a Florida limited s/were authorized by an affirmative vote se provided in the articles of organization				
/s/Henry E. Knoop							
(Signature of a member or authori	zed representative of a member	r)					
Henry E. Knoop, Managin (Printed or typed name of signee)	ng Member	·····					
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	gent and agree to the proper to f my positio iled to merely v company ha	e to act in this capacity. I further agree to and complete performance of my duties, on as registered agent as provided for in reflect a change in the registered office s been notified in writing of this change.				
/s/Henry E. Knoop (Signature of Registered Agent)	·						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00